

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3157-62-023440
STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB.

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JUL 6 1962

VS 300
Rev. 4/59

1
2 3638
3
4
5
6
7
8
9 570.2
10
11
12 57-0
13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS 1320 EAST 44TH STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rose Middle Agnes Last Starke/son		4. DATE OF DEATH Month June Day 14 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 66
11. BIRTHPLACE (City and state or country) MENOMINEE, MICHIGAN		12. CITIZEN OF WHAT COUNTRY U. S. / A.	
13a. FATHER'S NAME CHARLES MARTINSEN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE SANKY C. STARKESON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. -----		17. INFORMANT SANKY C. STARKESON Address 1320 EAST 44TH KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mesenteric Artery with small intestinal infarction DUE TO (c) -----			INTERVAL BETWEEN ONSET AND DEATH -----
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
20c. TIME OF INJURY Hour 2:45 a.m. P Month, Day, Year 6-12-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION CHICAGO COUNTY ILLINOIS STATE ILLINOIS		
21. I attended the deceased from 6-12-62 to 6-14-62 and last saw her/him alive on 6-14-62 Death occurred on 6-14-62 at 2:45 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. Frank Smith		22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 6-15-62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE JUNE 16, 1962		23c. NAME OF CEMETERY OR CREMATOR ARLINGTON CEMETERY	
23d. LOCATION (City, town, or county) CHICAGO		23e. STATE ILLINOIS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 6-15-62	
26. REGISTRAR'S SIGNATURE Ruth H. Long		27. ADDRESS 1331 BRUSH CR.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No.

4913

P. O. Address

Indpls. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.